U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	401
	For Official Use Only
	(AUG152005
E	OLMS DROT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. The North Con-	2. FISCAI Year Covered From:	
,	1 / 1 / 2004 Through: 12 / 31 /2004	
Name and address of person filing.	Name, file number, and address of labor organization.	
Name Jerry L Kalmar	Name Stationary Engineers, Local 39	
	Labor Organization File Number 0.30-532	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 337 Valencia Street	Street 337 Valencia Street	
City San Francisco	City San Francisco.	
State California ZIP Code+4 94103	State California ZIP Code + 4 94103	
5. Position in labor organization. Business Manager and	d Recording Secretary	
A. Held an interest in, engaged in transactions (including loans) with or	Isions set forth in the instructions):	
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City	performance functions and reference makes they considered the second of the consistency o	
State ZIP Code + 4		
Sign	ature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned sknowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)	
Signed	On 8-12-05 (415) 861-1135 Date Telephone Number	
Form LM-30 (2003)	Page 1 of 2	

Name of Person Filing Jerry L Kalmar	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name The General Pension Plan				
Trade Name, if any: International Union of Op	X a. Labor Organization Eng. b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 1125 17th Street N.W.	· · · · · · · · · · · · · · · · · · ·			
City Washington				
State D.C. ZIP Code + 4 20036				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	The General Pension Plan (GPP) covers the officers/staff of IUOE			
Trade Name, if any:	Local Unions and receives contrib-			
P.O. Box, Bldg., Room No., if any	utions (\$10.7 million in 2004) from such Locals; the GPP pays rent to			
Street	the IUOE and reimburses certain			
City	Approximate dollar value of such dealing. \$ 11 million Approximate dollar value of such dealing. \$ 12 million			
State ZIP Code + 4	Attending Board Meetings: Airfare, Hotel, Etc. \$1,157.15 (1/14 & 15, 2004) Airfare, Hotel, Etc. (8/17/2004) \$ 998.40			
	12.b. Amount. \$2,155.55			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Page 2 - The General Pension Plan 11a. continued - Jerry L Kalmar

administrative expenses including salaries, fringe benefits, postage and phone (total of rent and all reimbursements for 2004 was approximately \$11 million.

-

Name of Person Filing Jerry L Kalmar	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name ATPA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1640 South Loop Road City Alameda State California ZIP Code +4 94502	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name TUOF Stationary Engineers, Local 39 Pension Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1640 South Loop Road City Alameda State California ZIP Code + 4 94502	11.a. Nature of such dealing. Trust Fund Administrator. 11.b. Approximate dollar value of such dealing. \$1,013,070.0 12.a. Nature of interest held or income received. Various meals and golf events.
Older Odd III Old III and III	12.b. Amount. \$208.00
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Jerry L Kalmar		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the busines ely seeking to represent, or rectly to, or otherwise	s	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Union Labor Life	engenery,		
Trade Name, if any:	a. Labor Organiz	ation	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 429 Santa Monica Blvd, Ste 620	there of Employe.		
City Santa Monica			
State California ZIP Code + 4 90401			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	Contraction of the state and contracted by the southern contracted by the southern southern the
Name	Insurance	carrier.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar va	alue of such dealing.	\$244,349.00
City	12.a. Nature of interest h		
State ZIP Code + 4	Golf event.		
	12.b. Amount.		\$78.00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	ning and the second sec		
State ZIP Code + 4	The section is a second contract to the secon	and the section of th	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of paymen	t.	

Name of Person Filing Jerry L Kalmar	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Mellon Institutional Asset Mgmt	400000		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any Mellon Financial Ct	X b. Trust r c. Employer		
Street One Boston Place, Ste 024-0241			
24th Floor City Boston			
State Massachusetts ZIP Code + 4 0.2108			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Local 39 Pension	Investment Manager		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 1640 South Loop Road	11.b. Approximate dollar value of such dealing. \$305,626.00		
City Alameda	12.a. Nature of interest held or income received.		
State California ZIP Code + 4 94502	Various dinners and golf events.		
	12.b. Amount. \$189.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13 b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Page 2 of 2

Form LM-30 (2003)

Name of Person Filing Jerry L Kalmar	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Mc Morgan & Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Bush Street, Suite 800 City San Francisco	9. Business deals with: a. Labor Organization b. Trust c. Employer
State California ZIP Code + 4 94104	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Local 39 Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Investment Management - Pension
Street 1640 South Loop Road City Alameda	11.b. Approximate dollar value of such dealing. \$473,422.00 12.a. Nature of interest held or income received.
State California ZIP Code +4 04502	Various hospitality and entertain- ment.
	12.b. Amount. \$699:00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
P.O. Box, Bldg., Room No., if any	
Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Jerry L Kalmar	File Number	0-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	se dealing with the business ly seeking to represent, or ectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Local 39 Pension Plan	and and a second		
Trade Name, if any:	a. Labor Organization X b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1640 South Loop Road	Lience		
City Alameda			
State California ZIP Code + 4 9.4502			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	in a warman is him in mangang mangang mangang mangang pangang hangan is ina mahaman is manan manan manan i ina	
Name Local 39 Pension			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 1640 South Loop Road	11.b. Approximate dollar value of such de	alina.	
A service to a latter section to section the section and section a	12.a. Nature of interest held or income received.		
City Alameda	12.a. Nature of interest held or income	received.	
City Alameda State California ZIP Code + 494509	12.a. Nature of interest held or income Trust Fund Meeting Quail Lodge Room	S	
(m) 2 1/ (1/ (1/ (2/ (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1	Trust Fund Meeting	S	
(m) 2 1/ (1/ (1/ (2/ (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1	Trust Fund Meeting Quail Lodge Room 12.b. Amount.	g n Charges	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	Trust Fund Meeting Quail Lodge Room 12.b. Amount.	g n Charges	
State California ZIP Code + 4 9 4 5 0 2 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	Trust Fund Meeting Quail Lodge Room 12.b. Amount. r parts A and B above) or other thing of value.	g n Charges	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Trust Fund Meeting Quail Lodge Room 12.b. Amount. r parts A and B above) or other thing of value.	g n Charges	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name	Trust Fund Meeting Quail Lodge Room 12.b. Amount. r parts A and B above) or other thing of value.	g n Charges	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	Trust Fund Meeting Quail Lodge Room 12.b. Amount. r parts A and B above) or other thing of value.	g n Charges	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trust Fund Meeting Quail Lodge Room 12.b. Amount. r parts A and B above) or other thing of value.	g n Charges	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Trust Fund Meeting Quail Lodge Room 12.b. Amount. r parts A and B above) or other thing of value.	g n Charges	

	File Number U-			
vise dealing with the busines vely seeking to represent, or irectly to, or otherwise	S			
9. Business deals with:				
المستثنة ا		1 m		
georgeous .	ation			
Francisco				
c. Employer				
		ļ		
11.a. Nature of such dea	ling.			
11 b. Approximate dellar va	luo of cuch dealing			
11.0. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		ELV COLOR STATE OF ST		
		and design the second s		
12.b. Amount.				
er parts A and B above) y or other thing of value.				
14.a. Nature of payment.				
Employee Benefits conference.				
		C		
	pely seeking to represent, or irectly to, or otherwise ation is interested. 9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such deal control of the such dea	use from a business (1) a wise dealing with the business zely seeking to represent, or irrectly to, or otherwise tition is interested. 9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) yor other thing of value. 14.a. Nature of payment A dinner in conjunction International Foundat: Employee Benefits conf		